Memphis / Shelby County Homeless Consortium

Data Quality Plan

(Effective November 2021)

Monitoring Procedures for Improving Systemwide
Data Collection and Reporting

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Introduction & Purpose of Plan
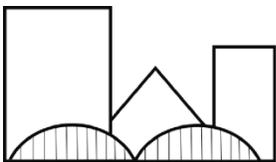
OVERVIEW: WHAT IS DATA QUALITY?

Data Quality refers to the integrity of the information in a given system. For the purposes of this guide, the system is the Homeless Management Information System (HMIS) utilized by the Memphis/Shelby County community. Typically, evaluating the integrity of HMIS is based on measures associated with Timeliness, Completeness, Accuracy, and Consistency. These measures help explain how usable and trustworthy the data collected in HMIS is when it comes to open reporting periods or making decisions around how and where to direct systemwide interventions.

In order to comply with HUD's annual reporting requests (HIC/PIT/SPMs/LSA), externalize the diligent work of service providers, and advance communitywide efforts in ending homelessness, maintaining ongoing protocols that consider these measures of Data Quality will ensure that future interventions meaningfully meet community need.

HMIS contains a variety of different reports and controls that help pinpoint missing data points or invalidating data (e.g. Data Not Collected, Client Doesn't Know responses), particularly when it comes to intake demographics (DOB, Ethnicity, Veteran status). However, while capturing demographics or personal information is important to defining a population, it can be more readily resolved than other data elements and does not, traditionally, contribute to or hinder strategies put forward by the Continuum of Care (CoC).

The most salient data to verify, then, pertains to how clients are moving through the system (enrolling/exiting a program), engaging in services, or whether or not a bed/unit is made available by a client's exit. Such data points can only be tracked through routine monitoring of programs and consistent communication between the HMIS team and participating service providers.

In order to best direct staff time and account for these crucial components, the data quality plan focuses on monthly reviews of program availability, ongoing assessments (annual and status), and issues concerning the Annual Performance Report (APR).

INITITAL COMPONENTS

While the Data Quality plan may evolve over time, it will initially evaluate six different areas, all of which can negatively impact APR and community reports:

a) <u>Households with More than One HoH</u> – Enrollments are only allowed to have one, and only one, head of household (HoH) from project start to project end.

b) <u>DoB *After* Project Start</u> – Date of Birth (DoB) of client is *after* the project start date, more than likely indicating an incorrect date of birth.

c) <u>Move-in Date *After* Project Exit</u> – A housing move-in date is required for any permanent housing project (RRH/PSH) that sees a client move into housing. However, this date does not necessarily coincide with the project start date; this metric ensures the move-in date is not entered after the project exit date.

d) <u>Move-in Date *Before* Project Start</u> - A housing move-in date is required for any permanent housing project (RRH/PSH) that sees a client move into housing. However, this date does not necessarily coincide with the project start date; this metric ensures the move-in date is not entered before the project start date.

e) <u>Annual Assessments Past Due</u> – An annual assessment may be completed either 30 days prior to or 30 days after the client's program anniversary date (on a yearly basis). This metric indicates when an assessment has not been completed 30 days after the client's anniversary date.

f) <u>Program Availability</u> – This is not a metric that comes with known right or wrong. This simply shows the number of clients enrolled in a program and therein the number of beds (if needed) that are taken/available. HMIS admins will confirm these numbers are accurate with the help of Program Staff on a routine basis.

LIMITATIONS OF THIS PLAN

Non-Required Program Participation

This Data Quality plan focuses primarily on agencies receiving funds through the CoC or ESG structure, and therefore excludes providers that do not require ongoing review, and exist outside CoC oversight, excepting the annual PIT count.

Memphis/Shelby County

This is an individualized Data Quality plan for the Memphis/Shelby County community, and is tailored to consider all known staffing capacity and current priorities. It is not intended to serve as an exhaustive plan, but as a primer to advance the health of HMIS for all stakeholders.

GOALS FOR DATA QUALITY PLANNING

1. Participation in the Data Quality plan factored into the CoC's annual Rank and Review process (beginning October 2022);

2. Bolstered participation from programs not required to enter into HMIS;

3. Improved monthly/quarterly reports shared publicly, concerning enrollments, exits, system performance measures; and

4. Creation of a Data Quality subcommittee to support the HMIS committee.

ROLES AND RESPONSIBILITIES

Participation in the Data Quality plan is a requirement for all CoC and ESG-funded programs.

- *CAFTH* – Community Alliance for the Homeless is both the lead CoC agency and lead HMIS agency in Memphis/Shelby County. CAFTH's HMIS team is responsible for executing the Data Quality plan, meaning program monitoring and broad oversight concerns.

- *HMIS Committee* – The HMIS Committee will be responsible for supporting the long-term planning goals associated with the Data Quality plan, including, but not limited to, the creation of a Data Quality subcommittee or other ad hoc entity, and training/improving participation from agencies that utilize HMIS.

- *CoC and ESG-Funded Service Providers* – Any service providers receiving funding through CoC or ESG, and are therefore required to enter into HMIS, must participate in the monitoring procedures of the Data Quality plan, including, but not limited to, identifying a point-of-contact or HMIS lead, who will regularly confirm program roster numbers, bed/unit inventory, and address any assessments not up to date.

Section 1:
Program Staff Responsibilities
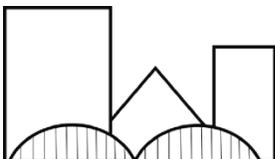
PROGRAM STAFF RESPONSIBILITIES

Program Staff refers to any point-of-contact or HMIS lead at a service provider that receives CoC or ESG funds. Program staff are responsible for regularly viewing and resolving any issues presented on their data quality dashboard.

1.1 MONITORING

A data quality dashboard has been created using Looker, our Clarity visualization software for custom reporting. This Looker dashboard is accessible via the Reports tab in Clarity (see Appendix I).

The first week of every month, the HMIS Admin team will reach out to designated Program Staff to confer on any data concerns out of compliance (e.g. missing assessments, incorrect move-in dates). *Programs with no compliance issues will <u>not</u> receive an email.*

Program Staff will then have the next month to correct any data concerns.

1.2 RESOLVING DATA CONCERNS

If at the end of the month the same data concerns have not been resolved (same unique ID is impacted in the same way), the agency will receive a negative mark that will <u>eventually</u> impact their Rank and Review score. <u>Rank and Review scores will not take data quality into account until the start of October, 2022; scores will be based on a rubric developed and approved of by the HMIS committee.</u>

If data concerns are in compliance at the end of the month, Program Staff will receive a positive mark and no points will be deducted.

If after *two* months the same data concerns have not been resolved, the agency will receive another negative mark and be subject to a retraining on HMIS. Again, the goal is improved data quality for all --- not to create a punitive system. If there are repeat issues with data quality, HMIS Admin are here as resources.

HMIS Admin will track yearly compliance internally and report it quarterly to all, but Program Staff may request a record of their data quality concerns at any time.

Section 2:
HMIS Admin Responsibilities
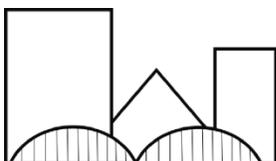
HMIS ADMIN RESPONSIBILITIES

The responsibilities of the HMIS admin, be it the system administrator or specialists, focus on the accountability of the Data Quality plan through oversight of the Program Staff, as well as upkeep of other core reporting elements.

2.1 MONITORING

To support the work of the HMIS admin, a Data Quality master dashboard has been created using Looker, our Clarity visualization software for custom reporting. This Looker dashboard is accessible through a standalone account. This dashboard is *identical* to the dashboards designed for each given agency, but it contains all programs in one place.

A companion board has been setup on Monday.com, Community Alliance's third-party project management tool. On it, HMIS admin will track compliance on a monthly basis using a system of "In Compliance" for agencies with no concerns, "Pending" for agencies who are resolving concerns, and "Out of Compliance" for months in which agencies do not resolve concerns. A notes section that will capture the concerns with Unique IDs *only* will be used to help contextualize concerns.

Quarterly, HMIS admins will send out an email to each agency alerting of them of their projected data quality score (beginning October 2022). However, agencies may request their score history at any time.

2.2 KEY RESPONSIBILITIES

The first week of every month, HMIS admin will communicate with Program Staff leads any data concerns via email. *They will not send out emails to programs in compliance.*

If staff believe the concerns in question are not true concerns (e.g. tech-related), they may respond to this email for more information regarding the flag. If staff are uncertain how to resolve the concern in question, they may respond to this email for one-on-one support. *HMIS staff will advise how to resolve the concern, but they will not resolve the concern for the program staff.*

At year's end, HMIS admin will submit data quality scorecards to the Rank and Review process.

Appendix
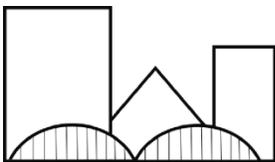
I. ACCESSING DATA QUALITY DASHBOARD IN LOOKER

The main reason behind making a data quality dashboard as opposed to autosends or running reports is to simplify how often we look at data discrepancies *and* how quickly we can resolve them.

Each data quality dashboard can be accessed through an agency's report library and all the numbers shared within can be further drilled down on, meaning they will link to the client profile where there's a reported issue. This allows program staff to see fix data quality issues and refresh their dashboard to see whether or not it's resolved.

Once logged into Clarity, click on the matrix in the top-right and select 'Reports.'
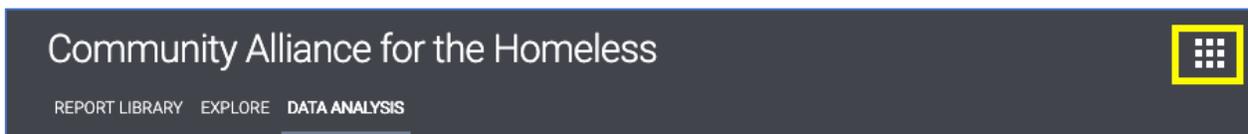
From the tabs made available, select 'Data Analysis.'

Next, select your specific agency report dropdown, here it is Community Alliance for the Homeless Reports.

Find 'Data Quality' and click [RUN].

Be warned, the dashboard is triangulating a lot of points of data at once and may need some time to load. We understand this can be frustrating, but it is technology worth the wait!

At the top, you will see filters that will not be accessible to Program Staff. Notice it may say it is returning results for agency that is not yours --- we promise this is not the case! It is simply how the dashboard is optimized for all.

From this example, you will see a number on the left of total concerns and a breakout of which programs those concerns are located to the right.

NOTE: This is displaying all programs, but can be tailored to just programs receiving CoC and ESG funds, if desired; simply make the request to your HMIS admin.
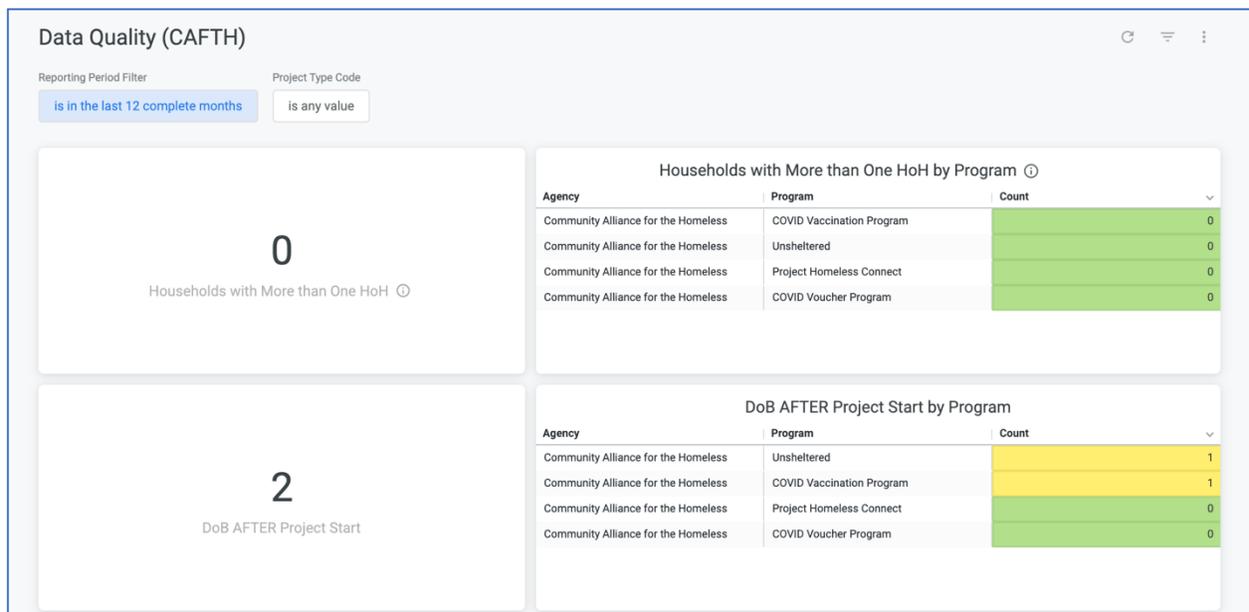
The number "2" above indicates there are 2 assessment concerns, and the cell to the right highlights in yellow. If concerns exceed the number "10," the cell will highlight red.

In order to address the assessment concern, Program Staff can drill down further by clicking on the number two that is highlighted in yellow.

Doing so, will open the following page:

	Personal ID	Enrollment ID	Head of Household (Yes No)	Name	Project Start Date	Project Exit Date	Housing Move-in Date
1	18 ···	204175 ···	Yes	Unsheltered	2021-06-13	⊘	⊘

To resolve the concerns shown, simply click on the "Personal ID" to open a separate tab with the client profile that needs to be addressed.

The data quality dashboard updates on hourly intervals, so may not resolve *instantly,* but will certainly update quickly. It is also always available! Agencies do not have to wait for reports from their HMIS admin, but may resolve data on a weekly basis (or even the night before the end of the month to ensure compliance).

II. RUNNING REPORTS TO AUDIT DATA QUALITY DASHBOARD

To help externalize data in Clarity, we utilize Looker dashboards to keep custom reports at the forefront. While these dashboards have drill-down capability to help resolve issues quickly, some may want to audit the system through good old-fashioned reports. The ones we use to help audit our dashboards are the following.

a. Program Roster Tracking

The Program Roster report is located under the Program Based Reports section in the HMIS report library. This report returns the number of clients newly enrolled, newly exited, or active in a program for a given period of time. This report can be run for multiple programs within a given agency, but not for multiple agencies at a time.

Program(s): Select "All" to compile all the program rosters into one document.

Status: Select "Active within Report Date Range"

Report Date Range: Set the start date to the current date and set the end date to the current date. This will capture the number of clients enrolled on a given day. Running the report this way will ultimately resolve month over month Program Roster report discrepancies.

Report Output Format: Set the format to "PDF" to be able to reference the document offline.

b. Bed and Housing Inventory Tracking

The Housing Census report is located under the Housing section in the HMIS report library. This report returns the number of clients utilizing beds, displaying whether or not a program is fully occupied, overutilized, or currently has vacancies.

Program Status: Select "Active Programs"

Program Type(s): Select "All" to compile all known program beds; if a program is prevention/services only, beds listed will return 0, which will match the agency's count as well.

Program(s): Select "All"

Veteran Status: Select "All"

Whom you want to generate report for?: Select "Persons," as this will ultimately align with the number sourced to the Housing Inventory Count report each year.

Report Date Range: Set the start date to the current date and set the end date to the current date. This will capture the number of beds utilized on a given day.

Report Output Format: Set the format to "PDF" to be able to reference the document offline.

c. Annual Assessment Tracking

The Annual Performance Report (APR) is located under HUD Reports in the HMIS report library. This report can be used to compile a range of information typically shared with HUD through the SAGE repository. One of the key elements the APR provides concerns Data Quality. The section we are most interested is "Q6c. Data Quality: Income and Housing Data Quality," which returns how many Annual Assessments may be out of date.

CoC Filter Category: Select "Agency CoC"

CoC: Select "Memphis/Shelby County CoC"

Program Type(s): Select "All"; in selecting all, the report engine will pull only the relevant programs into the report: emergency shelter, transitional housing, and permanent housing.

Program Status: Select "Active Programs"

Program(s): Select "All"; selecting all is a default measure here, but individual agencies can be drilled down on as desired.

Apply Client Location Filter: "No"

Funding Criteria: Select "Not Based on Funding Source"; this will nullify the other parts

Report Date Range: Set the date to the fiscal year (10/01/20XX to 09/30/20XX)

Report Output Mode: Select "Web Page" in order to drilldown on client names who may be missing annual assessment.

IV. RESOURCES FOR DATA QUALITY BENCHMARKING

HUD Data Quality

Data Quality 101: What is DQ?
Data Quality 201: DQ Management Program – Part 1
Data Quality 201: DQ Management Program – Part 2
Data Quality 201: Bed Coverage and Strategies to Improve It
A Toolkit for Developing a CoC DQ Plan
CoC Data Quality Brief – System Performance Measures

Memphis/Shelby County HMIS

BitFocus Help Center
HMIS Glossary
HMIS Glossary Acronyms
Running Reports

Other Community Data Quality Resources

All Chicago: Making Homelessness History
Charlotte's Housing and Homelessness Dashboard
Spokane County (Page 43)